DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES
Emergency Medical Services Office
194 Hernan Cortez Avenue, Suite 213 Terlaje Professional Building
Hagatna, Guam 96910
(671)735-7411 or (671) 735-7412
https://guamhplo.org/emsc

FOR OFFICE USE *updated bfs081423*

Date Received & By: _____

Date Reviewed & By: _____

/ / Approved / / Disapproved

_____
EMS Medical Director
Date: _____

☐ **INSTRUCTOR**
☐ Certification
☐ Re-Certification

☐ **INSTURCTOR AIDE**
☐ Certification
☐ Re-Certification

Level
☐ EMT
☐ AEMT
☐ EMT-Paramedic
☐ EM Dispatch
☐ Physician
☐ Physician Asst.
☐ Registered Nurse

_____
HPLO/EMS Administrator

Date: _____
/ / Approved / / Disapproved

_____
HPLO/EMS Program Coordinator

Date: _____
/ / Reviewed

COMMENTS: _____

Application for Instructor/Instructor Aide

Please Type or Print (Use Black or blue ink ONLY)

A. IDENTIFICATION: ◯ **Mr.** ◯ **Miss** ◯ **Mrs.** ◯ **Ms.** ◯ **Dr.**

1. **Name:** _____
LAST **FIRST** **MIDDLE** **MAIDEN**
2. **Email Address:** _____ **Birth date:** _____ **SSN:** _____
3. **Mailing Address:** _____
P.O. Box Number **City** **State** **Zip Code**
4. **Home Address:** _____
Street Name & Number **City** **State** **Zip Code**
5. **Home Phone:** _____ **Radio/Cell Phone:** _____ **Other Contact #** _____
6. **Guam EMT Certification No:** _____ **Expiration Date:** _____

B. EMPLOYMENT:

1. Occupation: _____ Work Phone: _____ Extension: _____
2. Employer/Agency/Organization: _____
3. Employer's Address: _____
P.O. Box Number City State Zip Code

Please Continue on Reverse Side

C. Application Request:

Instructor:
- ☐ Certification
- ☐ Re-Certification

Instructor Aide:
- ☐ Certification
- ☐ Re-Certification

D. **Applicant Level:**

- ☐ EMT
- ☐ AEMT
- ☐ EMT-Paramedic
- ☐ EM-Dispatch
- ☐ Physician
- ☐ Physician Asst
- ☐ Registered Nurse

E. Please complete the attached forms:

1. ADDENDUM A, Ref: Pre-hospital Care Experiences
2. ADDENDUM B, Ref: Teaching Experiences

I understand that my application will not be accepted for processing until it has been completed in its entirety and I hereby affirm and declare that the above information is true and correct and that any fraudulent entry may be considered cause for rejection or subsequent revocation. It is also understood that the Guam EMS Office may conduct an audit of the registration activities reported on these forms at any time.

Applicant's Signature **Date**

ADDEMDUM – A

Pre-Hospital Care Experiences

Applicant's Full Name: _____ **EMT No:** _____

NOTE: For verification purposes, please give COMPLETE location's name and address. Also attach all copies of certifications, resume, etc. Otherwise, application will not be processed.

Delivery of Pre-hospital Care Experiences:

Location's Name and Address:

Dates:

Delivery of Pre-hospital Care Experiences:

Location's Name and Address:

Dates:

Delivery of Pre-hospital Care Experiences:

Location's Name and Address:

Dates:

Delivery of Pre-hospital Care Experiences:

Location's Name and Address:

Dates:

ADDEMDUM – B

Teaching Experiences

Applicant's Full Name: ______________________________ **EMT No:**_____________________

NOTE: For verification purposes, please give COMPLETE location's name and address. Also attach all copies of certifications, resume, etc. Otherwise, application will not be processed.

Area of Specialty:____

____

Name of Topic/Subject: ____

Please Indicate: / /Instructed / /Assisted / /Both

Location's Name and Address: ____

____

____

Dates: ____ **Hours:**_______________

****

Area of Specialty:____

____

Name of Topic/Subject: ____

Please Indicate: / /Instructed / /Assisted / /Both

Location's Name and Address: ____

____

____

Dates: ____ **Hours:**_______________

****

Area of Specialty:____

____

Name of Topic/Subject: ____

Please Indicate: / /Instructed / /Assisted / /Both

Location's Name and Address: ____

____

____

Dates: ____ **Hours:**_______________

****

Area of Specialty:____

____

Name of Topic/Subject: ____

Please Indicate: / /Instructed / /Assisted / /Both

Location's Name and Address: ____

____

____

Dates: ____ **Hours:**_______________

****